

LEGAL NOTICE

NOTICE OF ELECTION FOR FIRE DISTRICT NO. 3 IN THE TOWNSHIP OF JACKSON,
COUNTY OF OCEAN, NEW JERSEY ON FEBRUARY 21, 2026.

Notice is hereby given to the legal voters of Fire District #3 in the Township of Jackson, County of Ocean, New Jersey that the annual election will be held on Saturday, February 21, 2026 between the hours of 2:00 p.m. and 10:00 p.m. The polling place will remain open until 10:00 p.m. and as much longer thereafter as may be necessary to enable all the legal voters then present to cast their ballots.

The polling place for Jackson Fire District #3 is at the Jackson Volunteer Fire Department located at 113 North New Prospect Road, Jackson NJ 08527.

At said election, there will be elected one member to the Board of Fire Commissioners, District No. 3. The voters shall be asked to approve or disapprove the proposed 2026 annual budget.

Dawn Hode
Clerk

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

1	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE) ☐ ALL FUTURE ELECTIONS, until I request otherwise in writing. Or for ONLY ONE of the following: ☐ General (November) ☐ Primary (June) ☐ Municipal ☐ School ☐ Fire ☐ Special _____ To be held on ____/____/____ (Specify) (MM/DD/YYYY)		MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE) ☐ A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. ☐ A U.S. Citizen residing outside the U.S., and I intend to return. ☐ A U.S. Citizen residing outside the U.S., and I do not intend to return. ☐ A U.S. Citizen residing outside the U.S., and I have never lived in the U.S.				
	Please Note: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.						
2	Last Name (Type or Print)		First Name (Type or Print)		Middle Name or Initial	Suffix (Jr., Sr., III)	
3	Address at which you are registered to vote Street Address or RD#		Apt. No.	4 Mail my ballot to the following address ☐ Same Address as Section 3 Please include _____ any PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US)			
	Municipality (City/Town)	State	Zip Code				
5	Date of Birth (MM/DD/YYYY)		6	Day Time Phone Number ()		7	E-Mail Address (Optional)
8	Signature _____ Please sign your name as it appears in the Poll Book					9	Today's Date (MM/DD/YYYY) ____/____/____
	X						

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 11 IF APPLICABLE

10	Assistor Any person providing assistance to the voter in completing this application must complete this section.						
	Name of Assistor (Type or Print)			Signature of Assistor X		Date (MM/DD/YYYY) ____/____/____	
11	Address			Apt. No.	Municipality (City/Town)	State	Zip Code
	Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of Ocean County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters in an election. I designate _____ to be my Authorized Messenger. Print Name of Authorized Messenger Address of Messenger Apt. No. Municipality (City/Town) State Zip Code Date of Birth (MM/DD/YYYY) ____/____/____						
11	Signature of Voter X			Date (MM/DD/YYYY) ____/____/____			
	STOP Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee. "I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law." Signature of Messenger X Date (MM/DD/YYYY) ____/____/____			OFFICE USE ONLY Voter Reg #: _____ Muni. Code #: _____ Party: _____ Ward: _____ District: _____ Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL			